

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02587

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 318 Academy Street
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME
Annie R. Price Adkins

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife James Adkins

7. Birth date of deceased (mo., day, yr.) July 17, 1860 6. (c) If alive, give age _____ years

8. AGE: Years 85 Months 7 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Preston, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Katherine Reese
13. Birthplace Talbot Co.

14. Maiden name Katherine Reese
15. Birthplace Talbot Co.

16. Informant John W. Aaron
Address Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 5, 1946
(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park
Cambridge, Md.

Location

18. Funeral director Kenneth R. ThomasAddress Cambridge, Md.

19. 3-4- 46 John Mace Jr
(Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1946, at 5:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____

Chronic Myocarditis several
Arterio-Sclerosis years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE John K. Spriver, Dep Med Exam
M. D. or other _____

Address Cambridge, Md. Date signed Mar 4/46

RECEIVED
MAR 5 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

02588
116
Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Crapo
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Crapo
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Crapo
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

George S. Allen

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Nellie May Wallace
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) July 14, 1884.
 8. AGE: Years 61 Months 8 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Seaford, Delaware
 (Town, county, and state)
 10. Usual occupation Minister
 11. Industry or business Minister
 12. Name John W. Allen
 13. Birthplace Delaware
 14. Maiden name Ida Lloyd
 15. Birthplace Delaware

16. Informant Mrs. Nellie W. Allen
 Address Crapo, Maryland
 17. Burial Date thereof Mar. 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory I. O. O. F. Cemetery
 Location Seaford, Delaware

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland

19. 3/11/46 46 John Macpherson, M.D.
 (Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1946 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4, 1946 to March 17, 1946
 and that I last saw him alive on March 16, 1946
 Immediate cause of death Coronary artery disease.

Due to Arteriosclerosis

Other conditions Diabetes Mellitus?
Duodenal ulcer 3 years
 (Include pregnancy within 3 months of death)

Major findings of operations no
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John Macpherson, M.D. Cambridge, Md 3/11/46
 Address _____ Date signed _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 21 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

02589

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Federal Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? full life
 Hospital, institution, or street address where death occurred:
234 #1
 How long in hospital or institution? no.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Beltsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Irene Batson

3. (b) Social Security Number

no

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

none

7. Birth date of

deceased (mo., day, yr.)

February 14, 19446.(c) If alive, give age no years

8. AGE:

Years 32Months 1Days 0

If less than one day

hrs. min.

9. Birthplace

Fredville, Md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

"FATHER
MOTHER

12. Name

Martin Batson

13. Birthplace

Md.

14. Maiden name

Eva Stanley

15. Birthplace

Md.

16. Informant

Martin Batson

Address

Federal Hill, Md.

17.

(Burial, cremation, or removal, which?)

Burial

Date thereof

3/17/1946
(month) (day) (year)

Cemetery or crematory

Cokesbury Cemetery

Location

near Beltsville, Md.

16. Funeral director

Harvey Williams

Address

Federal Hill, Md.

19.

Mar 17 1946
(Date rec'd by registrar)

1946

Chas W Hastings
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/1946 1946 at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

death in arrivaland that I last saw death in arrival

Immediate cause of death

Tuberculous meningitis

DURATION

1-2 days

Due to

Tuberculosis of the Lungs2 weeks

Due to

Other conditions

none

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Eldridge H. Wallford
acting Deputy Medical Examiner

23. SIGNATURE

M. D. or other

Address

Beltsville, Md.Date signed 3-16-46

RECEIVED
MAR 26 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B3-2*

02590

CERTIFICATE OF DEATH

Reg. Dist. No. *116*

1. PLACE OF DEATH:

County *Dorchester*
 City or town *Rural-Taylors Island*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *70 Years*
 Hospital, institution, or street address where death occurred:
 -
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Dorchester*
 City or town *Rural-Taylors Island*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Taylors Island*
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Mary Rebecca Bosley

3. (b) Social Security Number

-

4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Single*
 6.(b) Name of husband or wife -
 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) *Nov. 23, 1864*
 8. AGE: Years *81* Months *3* Days *14* If less than one day
 hrs. min.

9. Birthplace *Baltimore, Maryland.*
 (Town, county, and state)

10. Usual occupation -

11. Industry or business -

12. Name *Nicholas Merryman Bosley*13. Birthplace *Maryland*14. Maiden name *Elizabeth Ann Hooper*15. Birthplace *Maryland*16. Informant *Mrs. Duncan Noble*Address *Taylors Island, Maryland*

17. *Burial* Date thereof *Mar. 11, 1946*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Grace Episcopal Cemetery*Location *Taylors Island, Maryland*18. Funeral director *LECompte's Funeral Service*Address *Cambridge, Maryland.*

19. *3-14-46* *John M. [Signature]*
 (Date rec'd by registrar) 19. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 9, 1946* at *3:30 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Feb 28th 1946* to *March 8 1946*
 and that I last saw him alive on *March 8 1946*

Immediate cause of death *Apoplexy (Cerebral)* DURATION *9 days*

Due to

Due to

Other conditions *Broncho pneumonia*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Hugh Brown M.D.* M. D. or other

Address *Cambridge* Date signed *3/9/46*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 16 1946
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

02591

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....1 month 2 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?.....1 month 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Kent
 City or town.....Worton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary E. Bowers

3. (b) Social Security Number

4. Sex.....Female 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Widow
 6.(b) Name of husband or wife.....Thomas Bowers
 6.(c) If alive, give age.....Unknown years
 7. Birth date of deceased (mo., day, yr.).....Mo., day, unknown. Year 1859
 8. AGE: Years.....87 Months.....0 Days.....0 If less than one day.....hrs.min.

9. Birthplace.....Kent County, Maryland
 (Town, county, and state)
 10. Usual occupation.....Housekeeper & dress maker
 11. Industry or business.....

FATHER 12. Name.....John Solloway
 13. Birthplace.....Kent County, Maryland
 MOTHER 14. Maiden name.....Mary England
 15. Birthplace.....Kent County, Maryland

16. Informant.....Hospital records
 Address.....E.S.S.H., Cambridge, Maryland
 17. Burial Date thereof.....3/18/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....L.A. Cemetery
 Location.....Worton, Kent Co. Maryland
 18. Funeral director.....Marion V. Williams
 Address.....Christburg, Maryland

19. 3/18/46 19. 46 John M. Bowers, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 15 19.....46, at.....3:00 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 14 19.....46 to.....March 15 19.....46
 and that I last saw h.....er.....alive on.....March 15 19.....46

Immediate cause of death.....Bronchial Pneumonia DURATION.....2 days

Due to.....Arteriosclerotic Cardio-vascular Disease Indefinite

Due to.....Senility Indefinite

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....Robert E. Garman, M.D. M. D. or other

Address.....Southbridge Rd. Date signed.....3/16/46

RECEIVED
MAR 21 1946
BUREAU T S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03112 111-

1. PLACE OF DEATH:

County WorcesterCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Rebecca E. Dean

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

8. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Sept 28 1867 6. (c) If alive, give age _____ years8. AGE: Years 78 Months 6 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace md
(Town, county, and state)10. Usual occupation House work

11. Industry or business _____

12. Name William Dean13. Birthplace md14. Maiden name Margaret Cooper15. Birthplace md16. Informant Mrs. Wallace HurleyAddress Secretary17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Nov 22 1946
(month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director F. B. MelboughbyAddress East New Market19. Mar. 21 1946 Elizabeth C. Smith
(Date rec'd by registrar) (Registar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1946 at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to Mar 1946 and that I last saw him alive on Mar 3 1946Immediate cause of death Heart disease
myocardial

DURATION

Due to fracture neck of femurDue to accidental fall, cupsOther conditions Semiplegia

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of January 28th 1946Where did injury occur? _____
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) At P. R. L. M.

Means of injury _____ Injured at work? _____

23. SIGNATURE R. J. Brown, MD M. D. or otherAddress East New Market Date signed Mar 27 1946

RECEIVED
APR 2 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02592

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town East New Market - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
at home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town East New Market - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

John Wesley Dutton

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

negro

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Adeline Cornishdeceased

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown March 18 - 1881

8. AGE:

64

Years

11

Months

18

Days

If less than one day

hrs. min.

9. Birthplace

East New Market, Md.

(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

MOTHER

FATHER

12. Name

Chas. H. Dutton

13. Birthplace

Dorchester Co. Md.

14. Maiden name

Sarah (No data)

15. Birthplace

Dorchester Co. Md.

16. Informant

Miss Belle Dutton

Address

622-S-19th St Phila. Pa.

17.

burial

Date thereof

Mar. 9 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

East New Market Cemetery

Location

East New Market, Md.

18. Funeral director

J. J. Thompson & Son

Address

Federalburg, Md.

19.

March 9 1946

(Date rec'd by registrar)

Elizabeth C. Smith

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1946 at 8:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 4 1946 to March 6 1946and that I last saw him alive on March 6 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

Due to

General arteriosclerosis 10 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William C. Harrison MD

M. D. or other

Address

Heurlock Md.Date signed 3/6/46

REC

MAR 14 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

02593

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH

County RosechesterCity or town Elkton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 1/2 years

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Leorn Gray

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife _____

7. Birth date of

deceased (mo., day, yr.)

Feb 14 1861

5. (c) If alive, give age _____ years

8. AGE:

Years 85 Months 1 Days 17 If less than one day _____ hrs. _____ min.9. Birthplace Ind

(Town, county, and state)

10. Usual occupation Optician11. Industry or business Same12. Name Archibald Gray13. Birthplace Ind14. Maiden name Mary Anusley15. Birthplace Ind16. Informant Austen GrayAddress Elkton17. Buried Date thereof April 8 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director F. B. KillenberryAddress East New Market19. April 2 19 46 Elizabeth D. Leigh
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County RosechesterCity or town Elkton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) 220

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 46, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/27 19 46 to March 31 19 46and that I last saw him alive on March 31 19 46

Immediate cause of death _____

Myocardial FailureDue to IntermittentLatent Pneumonia Rt.

Due to _____

Other conditions IschemicArteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Banks

M. D. or other _____

Address Bridge Md Date signed 4/1/46

RECEIVED
APR 4 1946
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 57 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 111 Muir Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Martha T. Hastings

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife James A. Hastings8. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

April 26, 1865

8. AGE:

Years

80

Months

11

Days

4

If less than one day

hrs.

min.

9. Birthplace

Wicomico County

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Thomas Bennett

13. Birthplace

Wicomico Co.

MOTHER

14. Maiden name

Mary Gravenor

15. Birthplace

Wicomico Co.

16. Informant

Miss Helen T. Hastings

Address

Cambridge, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 5, 1946

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md.

19.

3-4-

19

46 John Mace Jr. M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1946 at 7:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 24th

19

46to March 2nd

19

and that I last saw her alive onMarch 2

19

Immediate cause of death

Coronary occlusion

DURATION

6 days

Due to

arteriosclerotic Cardio-vascular Renal diseaseHeart

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Wallford

M. D. or other

Address

Cambridge, Md.

Date signed

3-4-46

RECEIVED

MAR 5 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

02595

FILM No. I O 1 APR 11 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Alice Hayes

4. Sex

female

5. Color or race

col

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

William Hayes

7. Birth date of deceased (mo., day, yr.)

July 15 1890

5. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

556-6-815

.....hrs.

.....min.

9. Birthplace

Cambury, Md.
(Town, county, and state)

10. Usual occupation

housework

11. Industry or business

FATHER

12. Name

James Small

13. Birthplace

Dorchester Co. Md.

MOTHER

14. Maiden name

Kenneth Jackson

15. Birthplace

Dorchester Co. Md.

16. Informant

Sarah Hallen

Address

Edgewood Ave. Cambury, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof Apr. 2, 1946
(month) (day) (year)

Cemetery or crematory

Naugh Cemetery

Location

Cambury, Md.

18. Funeral director

J. H. McAllister & Son

Address

Cambury, Md.

19.

4-2-19 46John Macer Jr. Md.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambury
(If outside city or town limits, write RURAL and give nearest town)Street No. Edgewood Ave.
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1946, at 11:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 1946, to March 30 1946.and that I last saw him alive on March 29 1946.

Immediate cause of death

Pulmonary edema
secondary to
Chronic Myocarditis

Due to

Due to

Other conditions

Cor. Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE

Carol M. St. Clair, M.D.

M. D. or other

Address Princeton, N.J. Date signed 4-1-46

RECEIVED
APR 6 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

02596

Reg. Dist. No. 111

1. PLACE OF DEATH:

County WorcesterCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

George W Hurley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Jan 1st 1869 6.(c) If alive, give age..... years8. AGE: Years 77 Months 2 Days..... If less than one day..... hrs. min.9. Birthplace Don County
(Town, county, and state)10. Usual occupation Retired Merchant11. Industry or business Grocery Store12. Name Robert Hurley13. Birthplace md14. Maiden name Margaret Mary Hurley15. Birthplace md16. Informant Robert HurleyAddress Secretary md17. Burial Burial Date thereof Mar 24 1946
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director Fr. B. WilloughbyAddress East New Market19. Mar. 23 1946 Elizabeth C Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1946 at 8:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1943 to March 22 1946 and that I last saw him alive on March 18 1946Immediate cause of death Chronic myocardial degeneration DURATION 5 yrs +
General arteriosclerosis 5 yrs +Due to.....
Due to.....
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?23. SIGNATURE Welf Harrison MD M. D. or other
Hurlock, Md. Date signed 3/23/46
Address.....

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

APR 2 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

02597

Reg. Dist. No. 111

1. PLACE OF DEATH:

County WorcesterCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary L. Hurley

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 18798. AGE: Years 67 Months 1 Days If less than one day hrs. min.9. Birthplace md
(Town, county, and state)10. Usual occupation house work

11. Industry or business

12. Name John F. Blake13. Birthplace md14. Maiden name Fannie Adams15. Birthplace md16. Informant Wallace HurleyAddress Secretary17. Burial, cremation, or removal (Which?) Burial Date thereof Apr 29 1946
(month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director F.B. WilloughbyAddress East New Market19. man 28 19 46 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26 19 46 at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 26 19 46 to Mar 26 19 46and that I last saw her alive on Mar 26 19 46Immediate cause of death Cerebral haemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R.D. Brown M.D. M. D. or otherAddress East New Market Date signed 3/29/46

RECEIVED
APR 2 1946
BUREAU V, R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02598

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Worcester
 City or town Cambridge Hospital
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County WarrickCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ronald E. Osenberg

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 19th 1899 8.(c) If alive, give age _____ years8. AGE: Years 46 Months 9 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Ind
(Town, county, and state)10. Usual occupation Electric Station Clerk

11. Industry or business _____

12. Name George W. Osenberg13. Birthplace Ind14. Maiden name Fattie Abdell15. Birthplace Ind16. Informant Franklin OsenbergAddress East New Market17. Buried Date thereof Mar 17 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director F. B. WilburAddress East New Market19. 3/16 19 46 John M. J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1946 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12, 1946 to March 14, 1946and that I last saw him alive on March 14, 1946

Immediate cause of death

Gastric Hemorrhage DURATION 2 daysDue to Cancer

No further information

Due to Cancer

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE John M. J. M. M.D. or other _____Address Cambridge Ind Date signed 3/16/46

RECEIVED

MAR 21 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02599

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester
City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. Fishing Creek
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Bertha May Johnson

3. (b) Social Security Number

212-12-250 2

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife George H. Johnson
(Deceased 2/12/1936) 6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Oct. 27, 1882
8. AGE: Years 63 Months 4 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Fishing Creek, Maryland
(Town, county, and state)

10. Usual occupation Crab Factory

11. Industry or business Seafood

12. Name Robert F. Creighton

13. Birthplace Maryland

14. Maiden name Henreitta Parker

15. Birthplace Maryland

16. Informant Mr. Albert W. Johnson

Address Fishing Creek, Maryland

17. Burial Date thereof Mar. 12, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hoosier Memorial Cemetery

Location Fishing Creek, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. March 12 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1946 at 1:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 46 to March 10 19 46
and that I last saw him alive on March 7 19 46

Immediate cause of death

Cerebral thrombosis

DURATION

10 days

Due to

Arterio Sclerosis

5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Jamies H. H. H.
Fishing Creek, Md

M. D. or other

Date signed 3/12/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 14 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-2

02600

CERTIFICATE OF DEATH

Reg. Dist. No. 46

1. PLACE OF DEATH:

County SonohideCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SonohideCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Slaves St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Martin Kane

3. (b) Social Security Number

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

B. (b) Name of husband or wife

Flora Kane

T. Birth date of

deceased (mo., day, yr.)

May 5 1872

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

731022

..... hrs.

..... min.

9. Birthplace

West north Sonohide Co Md

(Town, county, and state)

10. Usual occupation

Labour

11. Industry or business

FATHER

12. Name

Alfred Kane

13. Birthplace

Sonohide Co Md

14. Maiden name

Unknown

15. Birthplace

Maryland

18. Informant

Mary Kane

Address

Cambridge Md

11.

(Burial, cremation, or removal. Which?)

Date thereof

March 30 1946
(month) (day) (year)

Cemetery or crematory

Location

Cambridge

18. Funeral director

Samuel Bayne

Address

Cambridge Md

19.

(Date rec'd by registrar)

19 46John Mace Jones
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 27 1946 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 27 1946 to March 27 1946and that I last saw him alive on March 27 1946

Immediate cause of death

Coronary Arteriosclerosis

DURATION

4 days

Due to

Sen. Hypertension18 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carroll M. Steele

M. D. or other

Address

Baltimore Md

Date signed

March 29 1946

RECEIVED
MAR 30 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

CERTIFICATE OF DEATH

02601

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

213 Cedar Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Madison, Md
(If outside city or town limits, write RURAL and give nearest town)Street No. No number
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Frederick Benjamin

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

March 6 1946

5. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

002

.....hrs.min.

9. Birthplace

Cambridge, Maryland
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER
MOTHER

12. Name

Wallace Edwards

13. Birthplace

Philadelphia, Pa

14. Maiden name

Ella Naomi Keene

15. Birthplace

Golden Hill, Md

16. Informant

Ella Naomi Keene

Address

Madison, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Madison Cemetery

Location

Madison Md

18. Funeral director

Lewis Bayneum

Address

Cambridge, Md.

19.

(Date rec'd by registrar)

19

46John Macfarland

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1946, at 11:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead on arrival 19.....and that I last saw him Dead on arrival 19.....

Immediate cause of death

Tetanus Neonatorum

DURATION

12 hrs?

Due to

Due to

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Eldridge H. Webb, MD

23. SIGNATURE

Acting Deputy Medical Examiner

M. D. or other

Address

Cambridge, Md.

Date signed

3-11-46

RECEIVED
MAR 15 1945
BUREAU T E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02602

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 ds.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 20 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Laura C. Lednum

3.(b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Unknown
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 31 1867
 8. AGE: Years 78 Months 2 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne County Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own home
 12. Name Andrew Callhew
 13. Birthplace unknown
 14. Maiden name Sarah Wright
 15. Birthplace unknown

16. Informant Hospital Records
 Address Cambridge, Maryland
 17. Burial Date thereof 3/13/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Preston M.E.
 Location Preston Md
 18. Funeral director J. M. J. Jones
 Address Preston Md
 19. 3-13-46 19 John Wright MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 19 46 at 5.30P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 19 19 46 to February 19 46

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Cerebral Hemorrhage 4 ds.

Due to _____

Cerebral Arteriosclerosis unknown

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other

Address _____ Date signed 3/11/46

RECEIVED
MAR 16 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02603

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. High St E. 6
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Ryle Pinkett

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Carm Pinkett

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Mar (13) 15 18478. AGE: Years 98 Months 9 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Dorchester Co Md
(Town, county, and state)10. Usual occupation Gen laborer

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Clorence NaughtonAddress 215 Cedar St Cambridge Md17. Burial Date thereof Mar 7 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Field CemeteryLocation Old Field Dor. Co Md18. Funeral director H. M. Hall & SonAddress Cambridge Md19. 3-7- 46 John Macdonald
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1946 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 29 1945 to March 4 1946and that I last saw him alive on March 3 1946

Immediate cause of death

Pulmonary EdemaArterioscleroticDue to Ch. MyocarditisComaDue to Ch. HypertensionOther conditions See Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M. McClure M. D. or otherAddress 215 Cedar St Date signed 3-6-46

RECEIVED
MAR 9 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

CERTIFICATE OF DEATH

02604

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? 4 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 301 Travers St.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME

Nettie Blake Reed

3.(b) Social Security Number

214-07-7344

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife John Adams-Died 1923
Harry C. Reed B.(c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) July 11, 1891.
8. AGE: Years 54 Months 8 Days 19 It less than one day — hrs. — min.

9. Birthplace East New Market, Maryland
(Town, county, and state)

10. Usual occupation Saleslady

11. Industry or business Dress Shop

12. Name John Blake

13. Birthplace Maryland

14. Maiden name Fannie Adams

15. Birthplace Maryland

16. Informant Mr. Harry C. Reed

Address 301 Travers St., Cambridge, Md.

17. Burial Date thereof April 2, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. 4/2/46 John Mace Jr. M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1946 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-29 1946 to 3/31 1946
and that I last saw him ER alive on 3/31 1946

Immediate cause of death Cerebral Embolus DURATION 15 MINUTES
Due to CORONARY THROMBOSIS 1 MONTH.
Due to HYPERTENSIVE CARDIOVASCULAR DISEASE
Other conditions PSORIASIS
(Include pregnancy within 3 months of death)

Major findings of operations NO
Date of op. —

Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury — Injured at work? —

23. SIGNATURE John Mace Jr. M.D. M.D. or other
Address Cambridge, Md. Date signed 3/31/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 6 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 770

03113

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. none Rural
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Ross, Jr.

3. (b) Social Security Number

unknown4. Sex Male5. Color or race Colored

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Fanny Ross7. Birth date of deceased (mo., day, yr.) June 16 1925 (1925)6.(c) If alive, give age 24 years8. AGE: Years 20 Months 8 Days 16 If less than one day
..... hrs. min.9. Birthplace East New Market, Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Phillips Canning Factory12. Name George Ross13. Birthplace Maryland14. Maiden name Elizabeth Ross15. Birthplace Maryland16. Informant Fanny RossAddress East New Market17. Burial Date thereof March 10 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New MarketLocation East New Market18. Funeral director Lewis H. BaggettAddress Cambridge, Maryland19. April 5 46 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th 19 46 at 8:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead on arrival 19 46 to 19and that I last saw him Dead on arrival 19 46

Immediate cause of death

acute pulmonary edema DURATION 3 hoursDue to acute alcoholism 3-4 hours

Due to

Other conditions none

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results acute pulmonary edema - acute alcoholism

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Edridge W. Wofford23. SIGNATURE acting Deputy Medical Examiner M. D. or otherCambridge, Maryland Date signed 3-26-46

RECEIVED

APR 23 1946

BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02605
Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -

Hospital, institution, or street address where death occurred:

Cambridge Hotel, 100 High St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 100 High St.
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

E. Milton Skinner

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Widowed</u>

6. (b) Name of husband or wife Jessie Parker

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years8. AGE: Years 83 Months 2 Days 15 If less than one day - hrs. - min.9. Birthplace Dorchester Co
(Town, county, and state)10. Usual occupation Wholesale grocer11. Industry or business "12. Name John Jones Skinner13. Birthplace Md.14. Maiden name Margaretta Teal15. Birthplace Md.16. Informant Mr. Henry L. JohnsonAddress Oakley St., Cambridge, Md.17. Burial Date thereof April 2, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Trinity CemeteryLocation Church Creek, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 4-2- 46 John Mace Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1946 at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on 19

Immediate cause of death

Cerebral Hemorrhage

DURATION

immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. K. Shriver, Dep. Med. Exam.
M. D. or otherAddress Cambridge, Md. Date signed April 2, 1946

RECEIVED
APR 6 1946
BUREAU OF
POSTAL SERVICE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02696

★ Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Near Williamsburg

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Williamsburg
(If rural, give LOCATION)

2.(u) If veteran, name war

3. (a) FULL NAME

Thomas H. Stewart

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

B. (b) Name of husband or wife

Minnie L. Stewart

7. Birth date of

deceased (mo., day, yr.)

April 24, 18846. (c) If alive, give age 59 years

8. AGE:

Years

61

Months

10

Days

20

If less than one day

.....hrs.min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FarmFATHER
MOTHER

12. Name

James Stewart

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Catherine Elliott

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Minnie L. Stewart

Address

Hurlock, Maryland, R.F.D.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof March 18, 1946
(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

Near Hurlock, Maryland

18. Funeral director

J. J. Fraughton & Son

Address

Federesburg, Maryland

19.

March 17, 1946

(Date rec'd by registrar)

C. Leo W. Hastings

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 46 at 4:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 15 19 46, to March 14 19 46and that I last saw him alive on Mar 14 19 46

Immediate cause of death

DURATION

Cerebral Hemorrhage 2 months
Due to Sues. Voluntary

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Bradner M.D. M. D. or other
of Federesburg, Md. Address Date signed 3/16/46

RECEIVED
MAR 26 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

02607

FILM No. 101 MAR 26 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs. 10 mos. 9 ds
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 3 yrs. 10 mos. 9 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Decil
City or town..... Perryville
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Orion Taylor

3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife..... Indiana Mitchell

7. Birth date of deceased (mo., day, yr.)..... August 14 1963 6.(c) If alive, give age..... 78 years

8. AGE: Years..... 82 Months..... 80 Days..... 6 If less than one day..... hrs. min.

9. Birthplace..... Cecil County Maryland
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... Own farm

12. Name..... George W. Taylor

13. Birthplace..... Unknown

14. Maiden name..... Elizabeth Dennison

15. Birthplace..... Unknown

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial Date thereof Mar. 16, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Asbury Cemetery

Location..... Perryville, Maryland.

18. Funeral director..... Le Conte's Funeral Service

Address..... Cambridge, Maryland.

19. 3-14- 19 46 John Mace Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 13 19 46 at 10.10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 4 1942 19 42 to March 13 19 46

and that I last saw him alive on March 13 19 46

Immediate cause of death.....

Hypertensive cardiovascular renal disease

DURATION

unknown

Due to.....

Due to.....

Other conditions..... Psychosis with Cerebral

Arteriosclerosis

(Include pregnancy within 8 months of death) 4 yrs

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... John Mace Jr. M.D.

M. D. or other

Address..... Cambridge Md Date signed..... 3/13/46

RECEIVED

MAR 16 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72

CERTIFICATE OF DEATH

02608

Reg. Dist. No. 112

1. PLACE OF DEATH:

County KochesterCity or town Vienna
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Frances Thompson

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife

6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1st, 18768. AGE: Years 70 Months 2 Days 9 If less than one day hrs. min.9. Birthplace Ind
(Town, county, and state)10. Usual occupation House work11. Industry or business Thompson12. Name William F. Thompson13. Birthplace Ind14. Maiden name Frances Smith15. Birthplace Ind16. Informant Mrs Walton PhillipsAddress Vienna17. Burial Date thereof Mar 13 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation East New MarketF.B. Willoughby18. Funeral director East New MarketAddress East New Market19. March 13 19 46 Elizabeth R. Bagg
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10th 19 46 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1, 19 46 to March 9, 19 46and that I last saw h. u. alive on March 9, 19 46

Immediate cause of death

.....

Chronic Heart Failure one dayDue to acute Bronchitis 9 days

Due to

Other conditions hypertension Cardio-Vascular UnknownDiarrhea

(Include pregnancy within 3 months of death)

Major findings of operations

.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. O. Meredith, M.D. M. D. or otherAddress 28 Poplar Street, Cambridge, Mass Date signed March 13, 1946

RECEIVED

MAR 16 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02609

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
-

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. Fishing Creek
(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Mary E. Tolley

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Walter Tolley

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1871

8. AGE: Years 75 Months - Days 26 If less than one day
.....hrs.min.

9. Birthplace Fishing Creek, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name George Parker

13. Birthplace Maryland

14. Maiden name Sarah Meekins

15. Birthplace Maryland

16. Informant Mr. Walter Tolley

Address Fishing Creek, Maryland.

17. Burial Burial Date thereof Mar. 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hoosier Memorial Cemetery

Location Fishing Creek, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. March 3, 1946 James W. Meade
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1946 at 8:40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to March 2, 1946 and that I last saw him alive on March 1, 1946

Immediate cause of death Bronch. pneumonia
Secondary to Grippe.
Due to terminal or U.

DURATION
2 days
2 weeks

Other conditions Simultaneous - Cardio-Renal
vascular lesion
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically. X

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meade M.D.
Fishing Creek, Md. M. D. or other
Address..... Date signed Mar. 3/46

MARGIN RESERVED FOR BINDING

9.45.1

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 11 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

02610

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 years
 Hospital, institution, or street address where death occurred:
Near Cokesbury
 How long in hospital or institution? 7

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Cokesbury
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Samuel L. White

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Talitha E. White
 6.(c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) August 31, 1866
 8. AGE: Years 79 Months 6 Days 13 If less than one day
hrs.min.

9. Birthplace Sussex County, Delaware
 (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Grocery Store

12. Name Theodore White

13. Birthplace Sussex County, Delaware

14. Maiden name Nancy Langford

15. Birthplace Sussex County, Delaware

16. Informant Mrs. Talitha E. White

Address Rhodesdale, Maryland, R.F.D.

17. Burial Date thereof March 17, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cokesbury Cemetery

Location Near Federalburg, Maryland

18. Funeral director J. J. Trautman and Son

Address Federalburg, Maryland

19. March 17, 1946 C. Leo W. Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1946 at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 4 1946 to March 14 1946

and that I last saw him alive on March 14 1946

Immediate cause of death Chronic myocarditis DURATION 5 years

Due to

Due to

Other conditions Arteriosclerosis Unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Hastings M.D. other

Address Bridgeton, N.J. Date signed 4/5/46

RECEIVED

MAR 26 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

02611

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Dorchester
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
Cambridge and Hospital

How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 311 Wilbur St
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Ida E. Willey

3. (b) Social Security Number

none

4. Sex F 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Edward Willey

7. Birth date of deceased (mo., day, yr.) Oct 17-1873 8. (c) If alive, give age 72 years

8. AGE: Years 72 Months 5 Days 13 If less than one day hrs. min.

9. Birthplace Dor County
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Elsie Wright

Address Wilbur St. Cambridge, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof April 1-1946
(month) (day) (year)

Cemetery or crematory Dorchester Memory Park

Location Cambridge Md

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md.

19. 3/31/46 19 46 John MacFarland Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29 19 46 at 5:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 19 46 to March 19 19 46

and that I last saw her alive on March 27 19 46

Immediate cause of death Uremia DURATION 3 days

Due to Hypertensive Cardiovascular

disease with atherosclerosis 15 yrs

Due to

Other conditions Carcinoma of stomach

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert E. Brunker M. D. or other

Address Cambridge Md. Date signed 3/30/46

RECEIVED
APR 3 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

02612

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 311 Race St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

3.(a) FULL NAME

Minnie Wroten Willey

3.(b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed8.(b) Name of husband or wife Chas. Wroten 9/15/1912A. H. Willey 19416.(c) If alive, give age - years

7. Birth date of

deceased (mo., day, yr.) May 31, 1865

8. AGE:

Years

Months

Days

If less than one day

80912

hrs.

min.

9. Birthplace Andrews, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home

MOTHER

12. Name Henry Wroten13. Birthplace Maryland14. Maiden name Mimah Booze15. Birthplace Maryland16. Informant Mrs. Wilson WarnerAddress 311 Race St., Cambridge, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 15, 1946

(month) (day) (year)

Cemetery or crematory Willey Family CemeteryLocation Andrews, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 3-15- 19 46

(Date rec'd by registrar)

John MacFarlane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 19 46 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10, 19 46 to March 13, 1946and that I last saw him alive on March 13 19 46

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 daysDue to Hypertensive cardiacvascular disease

?

Due to

Other conditions uremia1 day

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed 3/15/46

RECEIVED
MAR 16 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

CERTIFICATE OF DEATH

Reg. Dist. No. 126

1. PLACE OF DEATH:

County Dorchester Co.
 City or town Cambridge, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge - Md. HospitalHow long in hospital or institution? 9 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits write RURAL and give nearest town)
 Street No. West End Ave
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

Mrs. Lida Williams

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Rev C. H. Williams

7. Birth date of deceased (mo., day, yr.)

Sept 24, 1859

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

8659hrs.min.

9. Birthplace

Lakeville, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Asper Stewart
Dor Co. Md.

13. Birthplace

MOTHER

14. Maiden name

Mary Foxwell

15. Birthplace

Dor. Co. Md.

16. Informant

Mrs Clarence W Dean

Address

Cambridge, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

March 7, 1946
(month) (day) (year)

Cemetery or crematory

Whitewater

Location

Green Hill, Md.

18. Funeral director

Remeth R. Shawar

Address

Cambridge, Md.

19.

3/7/46

19.

John M. P. M.D.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 5

19

46 at 5:10 PM

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Sept 14

19

March 5

19

46

and that I last saw him alive on

March 5

19

46

Immediate cause of death

Cancer of left breast

DURATION

3 years

Due to

Due to

Other conditions

Genital arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

John M. P. M.D.

Address

3700 E St. Cambridge, Md.

Date signed

3-6-46

RECEIVED
MAR 9 1946
BUREAU V.S.